

Indiana State Department of Health  
State Form 49685 (R2/1-05)

**1** Print firmly and neatly. **3** Fill in circles like this: ● **4** Print capital letters only  
**2** Only use pens with blue or black ink. Not like this: ✗ ✓ and numbers completely  
 Mark mistakes like this: ✗ inside boxes.

5 Please complete all items on form.

6 **Date format:**  
**MM/DD/YY**

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<input type="radio"/> Asian																				<input type="radio"/> White																				<input type="radio"/> Hispanic or Latino																				<input type="radio"/> Not Hispanic or Latino																				<input type="radio"/> Unknown																			
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# CAMPYLOBACTERIOSIS CASE INVESTIGATION - Page 2 of 5

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## Section 2. Clinical Information (continued)

Was Campylobacter strain resistant to any antibiotics?

☐ Yes

☐ No

☐ Unknown

If Yes, antibiotic:

\_\_\_\_\_

\_\_\_\_\_

Physician/Hospital that Collected Specimen

\_\_\_\_\_

Physician/Hospital Address

\_\_\_\_\_

City

State

ZIP Code

\_\_\_\_\_

Physician/Hospital Phone

Was the patient hospitalized?

☐ Yes

☐ No

If Yes, admission date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital:

\_\_\_\_\_

Was the patient treated with antibiotics after onset?

☐ Yes

☐ No

☐ Unknown

\_\_\_\_\_

If Yes, antibiotic

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date started

Date ended

Did the patient die?

☐ Yes

☐ No

## Section 3. Epidemiologic Information

List all commercial food establishments serving ready-to-eat food that the patient patronized during the 5 days prior to illness onset.

1. \_\_\_\_\_

Establishment Name

\_\_\_\_\_

Address

\_\_\_\_\_

Foods Eaten (list)

Date

2. \_\_\_\_\_

Establishment Name

\_\_\_\_\_

Address

\_\_\_\_\_

Foods Eaten (list)

Date

3. \_\_\_\_\_

Establishment Name

\_\_\_\_\_

Address

\_\_\_\_\_

Foods Eaten (list)

Date

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4. **Establishment Name**

**Address**

**Foods Eaten (list)** **Date** / /

1. \_\_\_\_\_  
Type of Gathering

\_\_\_\_\_  
Responsible Person

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phone Number                  No. of Persons      Date

2. \_\_\_\_\_  
**Type of Gathering**

\_\_\_\_\_

**Responsible Person**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Phone Number                  No. of Persons      Date**

Store Name:	Street Address:	Date:
		/ /
		/ /
		/ /
		/ /

Food Item:	Date Consumed:	Brand Name:	Name of Place Purchased:
<input type="radio"/> Chicken	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Turkey	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Cornish hen	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Unpasteurized milk	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Powdered (dry) milk	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Beef	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Pork	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Seafood	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

# CAMPYLOBACTERIOSIS CASE INVESTIGATION - Page 4 of 5

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## Section 4. Risk Factors (continued)

During the 5 days prior to illness onset, did the patient:

**Handle/Consume raw or undercooked poultry?**

☐ Yes ☐ No ☐ Unknown

If Yes, date:  /  /

**Consume unpasteurized milk or milk products?**

☐ Yes ☐ No ☐ Unknown

If Yes, date:  /  /

**Have contact with pets?**

☐ Yes ☐ No ☐ Unknown

If Yes, date:  /  /

Type of animal:

Location:

**Have any of the pets had diarrhea?**

☐ Yes ☐ No ☐ Unknown

**Have contact with wild or exotic birds?**

☐ Yes ☐ No ☐ Unknown

If Yes, date:  /  /

Type of bird:

**Have contact with poultry or other livestock?**

☐ Yes ☐ No ☐ Unknown

If Yes, date:  /  /

Type of animal:

Location:

**Did any of the animals have or develop diarrhea?**

☐ Yes ☐ No ☐ Unknown

**Drink or have exposure to untreated surface water  
(including lakes, streams)?**

☐ Yes ☐ No ☐ Unknown

If Yes, date:  /  /

Location:

**Go swimming?**

☐ Yes ☐ No ☐ Unknown

If Yes, date:  /  /

Location:

**Travel outside of Indiana?**

☐ Yes ☐ No ☐ Unknown

If Yes, where

/  /   /  /   
Date of departure Date of return

# CAMPYLOBACTERIOSIS CASE INVESTIGATION - Page 5 of 5

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## Section 4. Risk Factors (continued)

Has the patient had contact with anyone else who has recently had an illness characterized by diarrhea, fever, or abdominal pain?

☐ Yes ☐ No ☐ Unknown

If Yes, name: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Onset date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship: \_\_\_\_\_

Was this person exposed to any of the same commercial food establishments, group gatherings, or travel history as the patient?

☐ Yes ☐ No ☐ Unknown

\_\_\_\_\_  
If Yes, describe

## Section 5. Comments/Follow-up

Comments:

\_\_\_\_\_  
Investigator Name

\_\_\_\_\_  
Agency

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date